

**Office of Retirement Services**

P.O. Box 30171 (800) 381-5111 (Lansing area 322-5103)  
Lansing MI 48909-7671 www.michigan.gov/ors

## Early Termination Form

for State Police Deferred Retirement Option Plan (DROP) Participants

Complete this form **only** if you are ending your Deferred Retirement Option Plan (DROP) participation before your original election date.

**Please submit this form to the Office of Retirement Services (ORS) 30 days before your new DROP end date to ensure timely processing of your first pension payment.**

### Section I. DROP Participant's Information (Please print or type)

EMPLOYEE'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
STREET ADDRESS	WORK PHONE (     )	HOME PHONE (     )
CITY, STATE, ZIP	PREVIOUS DROP END DATE	

### Section II. DROP Participant's Certification

By my signature below, I certify that I elect to terminate my DROP participation before my original end date. I request my monthly pension payments to begin as of the first of the month following my new DROP participation end date specified below.

NEW DROP END DATE:
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EMPLOYEE'S SIGNATURE	DATE
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Return this completed form to:  
Office of Retirement Services  
P.O. Box 30171  
Lansing, MI, 48909-7671